City of Lincoln

Bureau of Fire Prevention
Underground Storage Tank Division
555 South 10th Street—Room 203
Lincoln, NE 68508 -- (402) 441-7791

Application for Permit to Permanently Close Underground Storage Tanks and / or Piping

Tank Owner			Tank Location		
Owner/Operator			**Facility Name**		
Address			**Address**		
City	**State**	**Zip Code** -	**City**	**State**	**Zip Code** -
Telephone # ( ) -			**Telephone #** ( ) -		

Closure Information

Facility ID #: _____
(Tanks must be registered and all registration fees paid prior to issuance of a closure permit.)

Projected tank closure date (mm/dd/yyyy): _____
(Closure Assessment Report will be due 45 days after closure and is based on the date indicated. If this date changes, notify SFM at (402) 471-9475.)

How many tanks are being closed? _____ **Tanks Only:** ☐ **Piping Only:** ☐ **Both:** ☐

List Tank ID#s _____ **If out of use, what was the year last used?** _____

Type of Tank Closure: Removal ☐ **Closure in Place** ☐

Will the tank(s) be reused? Yes ☐ **No** ☐

If yes, specify whether the usage be underground ☐ **or aboveground** ☐
Give the physical address where the tanks will be used: _____

Will the tank(s) be replaced with new tanks? Yes ☐ **No** ☐

If yes, specify whether the replacement will be with underground ☐ **or aboveground** ☐ **tanks**

Type of Piping Closure: Removal ☐ **Closure in Place** ☐

Will the piping be replaced? Yes ☐ **No** ☐

Licensed Closure Contractor			Certified Closure Individual
Name			**Name**
Address			**Certification #**
City	**State**	**Zip Code** -	**Expiration Date**
Telephone # ( ) -	**License #**	**Expiration Date**	**Telephone #** ( ) -

(continued on reverse side)

Closure Assessment

Will a CLOSURE ASSESSMENT be performed in accordance with Title 159? Yes ☐ No ☐

If yes, what other contractors / laboratories will be involved? _____

If no, check the reason for not performing the assessment:

☐ On-going investigation by Nebraska Department of Environmental Quality

☐ Tank(s) taken out of service prior to July 17, 1986 and property owner never used tank(s)

☐ Other (specify) _____

Disposal

1. Will the tanks be emptied and cleaned by removing all liquids and accumulated sludge? Yes ☐ No ☐
2. Will all liquids and sludges be recycled/disposed of in accordance with state and local regulations? Yes ☐ No ☐
3. Where will the liquids and sludges be disposed? (Give physical address)

_____

Where will the contaminated soil be disposed? (Give physical address)

_____

4. If tanks and/or piping are removed, where will they be disposed? (Give physical address of final destination)

_____

5. If tanks are closed in place, indicate the type of inert material to be used: _____

Application Submitted By:

Print Name: _____

Signature: _____ Date: _____

All Underground Storage Tank Systems shall be closed in accordance with Title 159, State Fire Marshal Underground Storage Tank Rules and Regulations.

Failure to answer all pertinent questions may cause us to return your application for completion and may delay issuance of the permit.